ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. _____
Registered No. 157

County _____ *Gila*
Township _____ *North Globe* _____ State _____ *Arizona*
City _____ *Globe* _____ No. _____ or Village _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward

2. Full name of child _____ *Emilie Rogalle*
{ If child is not yet named, make supplemental report, as directed

3. Sex *F* | If plural births | 4. Twin, triplet, or other _____
5. Number, in order of birth _____

6. Premature _____ Full term *X*
7. Legitimate? *Y*
8. Date of birth *June 25th*, 19*07* (Month, day, year)

FATHER	MOTHER
9. Full name *Auguste Rogalle*	18. Full maiden name *Marie Rogalle*
10. Residence (usual place of abode) (If nonresident, give place and State) *North Globe*	19. Residence (usual place of abode) (If nonresident, give place and State) *North Globe*
11. Color or race *W* 12. Age at last birthday _____ (Years)	20. Color or race *W* 21. Age at last birthday _____ (Years)
13. Birthplace (city or place) _____ (State or country) *France*	22. Birthplace (city or place) *Cominac (Ariège)* (State or country) *France*
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Miner*	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. *Housewife*
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work _____, 19	25. Date (month and year) last engaged in this work _____, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother *5*
(At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ { months or weeks
29. Cause of stillbirth _____
{ Before labor _____
{ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at _____ m. on the date above stated
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) *Pierre Rogalle* *parent*

Given name added from a supplemental report _____ (Date of)

or Address *a Biou par Alen Ariège France*

Filed *8/21* 19*40* _____ Registrar.